

1-1 By: Huffman, et al. S.B. No. 292  
 1-2 (In the Senate - Filed December 13, 2016; January 30, 2017,  
 1-3 read first time and referred to Committee on Health & Human  
 1-4 Services; April 10, 2017, reported adversely, with favorable  
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;  
 1-6 April 10, 2017, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 292 By: Watson

1-19 A BILL TO BE ENTITLED  
 1-20 AN ACT

1-21 relating to the creation of a grant program to reduce recidivism,  
 1-22 arrest, and incarceration of individuals with mental illness.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Subchapter B, Chapter 531, Government Code, is  
 1-25 amended by adding Section 531.0993 to read as follows:

1-26 Sec. 531.0993. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST,  
 1-27 AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO  
 1-28 REDUCE WAIT TIME FOR FORENSIC COMMITMENT. (a) For purposes of  
 1-29 this section, "low-income household" means a household with a total  
 1-30 income at or below 200 percent of the federal poverty guideline.

1-31 (b) Using money appropriated to the commission for that  
 1-32 purpose, each state fiscal year the commission shall make grants to  
 1-33 county-based community collaboratives for the purposes of  
 1-34 reducing:

1-35 (1) recidivism by, the frequency of arrests of, and  
 1-36 incarceration of persons with mental illness; and

1-37 (2) the total waiting time for forensic commitment of  
 1-38 persons with mental illness to a state hospital.

1-39 (c) A community collaborative is eligible to receive a grant  
 1-40 under this section only if the collaborative includes a county, a  
 1-41 local mental health authority that operates in the county, and each  
 1-42 hospital district, if any, located in the county. A community  
 1-43 collaborative may include other local entities designated by the  
 1-44 collaborative's members.

1-45 (d) The commission shall condition each grant provided to a  
 1-46 community collaborative under this section on the collaborative  
 1-47 submitting a plan described by Subsection (i) and providing  
 1-48 matching funds from nonstate sources in a total amount at least  
 1-49 equal to the awarded grant amount. To raise matching funds, a  
 1-50 collaborative may seek and receive gifts, grants, or donations from  
 1-51 any person.

1-52 (e) Not later than the 30th day of each fiscal year, the  
 1-53 commission shall make available to a community collaborative  
 1-54 established in the most populous county in this state a grant in an  
 1-55 amount equal to the lesser of:

1-56 (1) the amount appropriated to the commission for that  
 1-57 fiscal year for a mental health jail diversion pilot program in that  
 1-58 county; or

1-59 (2) the collaborative's available matching funds.

1-60 (f) The commission shall estimate the number of persons with

2-1 serious mental illness in low-income households located in each of  
 2-2 the 20 most populous counties in this state. For the purposes of  
 2-3 distributing grants under this section to community collaboratives  
 2-4 established in the 19 counties other than the most populous county,  
 2-5 for each fiscal year the commission shall determine an amount of  
 2-6 grant money available on a per person basis by dividing the amount  
 2-7 of the grant made available under Subsection (e) by the estimated  
 2-8 total number of persons with serious mental illness in low-income  
 2-9 households located in the most populous county.

2-10 (g) Not later than the 60th day of each fiscal year, the  
 2-11 commission shall make available to a community collaborative  
 2-12 established in each of the 19 most populous counties in this state  
 2-13 other than the most populous county a grant in an amount equal to  
 2-14 the lesser of:

2-15 (1) an amount determined by multiplying the per person  
 2-16 amount determined under Subsection (f) by the estimated number of  
 2-17 cases of serious mental illness in low-income households in that  
 2-18 county; or

2-19 (2) an amount equal to the collaborative's available  
 2-20 matching funds.

2-21 (h) To the extent appropriated money remains available to  
 2-22 the commission for that purpose after the commission makes grants  
 2-23 available under Subsections (e) and (g), the commission shall make  
 2-24 available to community collaboratives established in other  
 2-25 counties in this state grants through a competitive request for  
 2-26 proposal process. For purposes of awarding a grant under this  
 2-27 subsection, a collaborative may include adjacent counties if, for  
 2-28 each member county, the collaborative's members include a local  
 2-29 mental health authority that operates in the county and each  
 2-30 hospital district, if any, located in the county. The commission  
 2-31 shall condition a grant awarded under this subsection on the  
 2-32 collaborative submitting a plan described by Subsection (i).

2-33 (i) Not later than the 30th day of each fiscal year, the  
 2-34 community collaboratives established in each of the 20 most  
 2-35 populous counties in this state shall submit to the commission a  
 2-36 plan that:

2-37 (1) is endorsed by each of the collaborative's member  
 2-38 entities;

2-39 (2) identifies a target population;

2-40 (3) describes how the grant money and matching funds  
 2-41 will be used;

2-42 (4) includes outcome measures to evaluate the success  
 2-43 of the plan; and

2-44 (5) describes how the success of the plan in  
 2-45 accordance with the outcome measures would further the state's  
 2-46 interest in the grant program's purposes.

2-47 (j) Acceptable uses for the grant money and matching funds  
 2-48 include:

2-49 (1) the continuation of a mental health jail diversion  
 2-50 program;

2-51 (2) the establishment or expansion of a mental health  
 2-52 jail diversion program;

2-53 (3) the establishment of alternatives to competency  
 2-54 restoration in a state hospital, including outpatient competency  
 2-55 restoration, inpatient competency restoration in a setting other  
 2-56 than a state hospital, or jail-based competency restoration;

2-57 (4) the provision of assertive community treatment or  
 2-58 forensic assertive community treatment with an outreach component;

2-59 (5) the provision of intensive mental health services  
 2-60 and substance abuse treatment not readily available in the county;

2-61 (6) the provision of continuity of care services for  
 2-62 an individual being released from a state hospital;

2-63 (7) the establishment of interdisciplinary rapid  
 2-64 response teams to reduce law enforcement's involvement with mental  
 2-65 health emergencies; and

2-66 (8) the provision of local community hospital, crisis,  
 2-67 respite, or residential beds.

2-68 (k) Not later than December 31 following the end of the  
 2-69 fiscal year for which the commission distributes a grant under this

3-1 section, each community collaborative that receives a grant shall  
3-2 prepare and submit a report describing the effect of the grant money  
3-3 and matching funds in achieving the standard defined by the outcome  
3-4 measures in the plan submitted under Subsection (h) or (i).

3-5 (1) The commission may make inspections of the operation and  
3-6 provision of mental health services provided by a community  
3-7 collaborative to ensure state money appropriated for the grant  
3-8 program is used effectively.

3-9 SECTION 2. This Act takes effect September 1, 2017.

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